## **State of South Dakota**



## Candidate's or Committee's Report of Receipts and Expenditures RECEIVED

| Candidates and candidate committees: File in the office whe PACs, political party, ballot question and other committees: |  | S.D. SEC. OF STATE                |
|--|--|-----------------------------------|
| See pages 9 & 10 of the Guideline Book for sp  | pecific instructions on completing this report.                                  |                                   |
| Name of Candidate or CommitteeSD   | Nurses Association PAC   |                                   |
| Complete Mailing Address P.O. BOX 10   | 015 Pierre, S.D. 57501   |                                   |
| Name of Person Making Report Patricia  | Woodridge Daytime Phone Number Cell  | 05-353-65 <u>7</u><br>05-350-4904 |
| If you are a candidate, what office are you see  | king?  |                                   |
| If you are a ballot question committee, indicate reporting period and whether the measure was                            | te which measure(s) the committee was involved a supported or opposed.           | d with during the                 |
| Type of Report (See pages 4 & 5 of Guideline   | Book) Year End   |                                   |
| For Reporting Period Ending (See pages 4 & :   | 5 of Guideline Book) December 31, 2  | <u>005</u>                        |
| ***************************************  | ••••••   | •••••                             |
| The following verification must be completed   | l before submitting report.  |                                   |
| VERIFICATION OF PERSON MAKING RE   | EPORT  |                                   |
| This report and to the best of my knowledge and  | (print name legibly), certify that land belief it is true, correct and complete. | have examined                     |
|  | Candidate Signature or Chairperson   | 'n                                |
| Revised July 2001  | Filed this Aft   |                                   |

| Name of Candidate or Committee_ | SD Nurses association PAC |
|---------------------------------|---------------------------|
| For the reporting period ending | December 31, 2005         |

## Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| Unitemized Contributions from Individuals: |                   |   | *\$  |   |
|--|-------------------|---|------|---|
| Itemized Contributions from Indiv          | iduals            |   |      |   |
| Name                                       | Residence Address | Place of Employment<br>(Name of Employer) |      |   |
|  |                   |   | \$   |   |
|  |                   |   | \$   |   |
|  |                   |   | \$   |   |
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| <u> </u>                                   |                   |   | \$   |   |
|  |                   |   | _ \$ |   |
|  |                   |   | \$_  |   |
|  |                   |   | _ \$ |   |
|  |                   |   | \$   |   |
| Total of Itemized Contributions fr         | om Individuals:   |   | *\$  | B |

| ror the reporting period ending: <u>1 1777</u><br>Schedule B   | - Fund-Raising Events Proceeds                     |  |
|--|--|--|
| List on this schedule fund-raising events held to rais contributor gives more than \$100 or their contribution contributions must be itemized on Schedule A. | e money for the candidate and the net proceeds d   | erived from each event. If a 0 in the calendar year, those |
| Гуре or Name of Event  |  | Net Proceeds   |
|  |  |  |
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| Total:   |  |  |
| TOIAL.   |  |  |
| Schedul  | le C - In Kind Contributions                       |  |
| Report all non-cash contributions of goods or service  | es and the estimated fair market value. If the val | ue exceeds \$100, the name of the                          |
| contributor, residence address and place of employn  | nent must be reported.                             |  |
| No. on contra  | Name, Residence Address &                          | 77.4   |
| Nature of Non-Cash Contribution  | Place of Employment                                | Estimated Value  |
|  |  |  |
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|  |  |  |
|  |  |  |
| Total:   |  | 4  |
| Sch  | nedule D - Other Income                            |  |
| Use this schedule to report any refunds, interest earn   |  | ution.   |
| Source of Income   |  | Amount   |
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| Total:   |  |  |

Name of Candidate or Committee: So Nuses Association PAC

|   |  | Appendix B       |
|---|--|------------------|
| Name of Candidate or Committee                  | South Dakola Nuises Associ                         | ation PAC        |
| For the reporting period ending                 | Jecember 31, 2005                                  |                  |
| Schedule A                                      | - Direct Contributions (continued)                 |                  |
| Unitemized Contributions from Political Parties | s:   | *\$              |
| Itemized Contributions from Political Parties   |  | ·                |
| Party Name                                      | Address  | <del>,</del> /   |
|   |  | \$               |
|   | + /  | 4                |
|   |  |                  |
|   |  |                  |
|   |  | \$               |
| Total of Itemized Contributions from Political  | Parties:   | *\$              |
|   |  |                  |
| Itemized Contributions from Political Action C  | ommittees (PAC's) - All contributions from PAC's m | ust be itemized. |
| PAC Name  | Address  | <del></del>      |
|   | <del></del>  | \$               |
|   | <del></del>  | \$<br>\$         |
|   |  | \$               |
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|   | <del></del>  | \$               |
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|   |  |                  |

Total of All Direct Contributions (Sum of all lines with an \*)

**Total of Itemized Contributions from Political Action Committees:** 

tix B

| Name of Candidate or Committee:   | SD Nurses As    | sociation PAC | Appendix l                             |
|---|-----------------|---------------|--|
| For the reporting period ending:_   | December 31, 20 | 006           |  |
| Schedule F - Debts and Obligations  This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. |                 |               |  |
| Owed to:  | Purpose:        | Amount        |  |
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**Total Obligations:** 

| Name of Candide                                  | ate or Committee:_                                     | SO Nurses Association<br>December 31,2005  | Appendix   |
|--|--|--|--|
|  | ate of Committee                                       | Degraphes 2) 200 F   |  |
| For the reporting                                | g perioa enaing:                                       | DECEMBER 31,2005   |  |
| This schedule is to re-<br>expenses. All other e | port all expenditures rela<br>xpenses should be listed | Schedule E - Expenditures ting to a candidate's campaign. Line items have bee All contributions to candidates and committees | n provided for reporting common must be listed individually. |
| Ex   | penses   | Contributions Made to Candidates a   | and Committees   |
| Item   | Amount   | Name of Candidate or Committee   | Amount   |
| Advertising Consulting Postage                   |  |  |  |
| Printing   |  |  |  |
| Rent   |  |  |  |
| Salaries   |  | n  |  |
| Telephone  |  |  |  |
| Travel   | ****   |  |  |
| Utilities  |  |  |  |
| List other expense items below                   | List other expense                                     |  |  |
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Total Expenditures:

| Na | ime of Candidate or Committee:   | Di Nurses Association I  | AC                                |
|----|--|--|-----------------------------------|
| Fo | r the reporting period ending:   | ecember 31,2005  |                                   |
|    | s summary sheet will give a brief outline of all ca<br>m the schedules previously completed. | Summary Page impaign finance activity during this reporting pe | eriod. Please transfer all totals |
| 1. | Amount on hand, if any, at the beginning   | g of the reporting period:                                     | \$ 387.86                         |
| 2. | Receipts   |  |                                   |
|    | Schedule A - Direct Contributions  | \$   |                                   |
|    | Schedule B - Fund-Raising Events   | \$   |                                   |
|    | Schedule C - In Kind Contributions   | \$   |                                   |
|    | Schedule D - Other Income  | \$   |                                   |
|    | Total of all Receipts  | \$ <b>Ø</b>  |                                   |
| 3. | Total Monetary Receipts (A+B+D)  |  | \$ <u> </u>                       |
| 4. | Candidate's Personal Contribution to O   | wn Campaign  | \$ <u></u>                        |
| 5. | Monetary Loans to Candidate or Comm  | ittee During Reporting Period                                  | \$ <u> </u>                       |
| 6. | Monetary Loans Repaid During Report  | ing Period   | \$                                |
| 7. | Expenditures - Schedule E  |  | \$ <i>G</i>                       |
| 8. | Unpaid Obligations - Schedule F  | \$   |                                   |
| 9. | Amount on hand at the close of this rep<br>This should equal lines (1+3+4+5) – (6-           | • •  | <u>\$ 387.86</u>                  |

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